

108TH CONGRESS
2D SESSION

S. 2741

To amend the Public Health Service Act to reauthorize and extend the Fetal Alcohol Syndrome prevention and services program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 22, 2004

Mr. DASCHLE introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to reauthorize and extend the Fetal Alcohol Syndrome prevention and services program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Advancing FASD Re-
5 search, Prevention, and Services Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Fetal Alcohol Spectrum Disorders are the
9 spectrum of serious, life-long disorders caused by

1 prenatal exposure to alcohol, which include Fetal Al-
2cohol Syndrome, Alcohol-Related Neurodevelop-
3mental Disorder, and Alcohol-Related Birth Defects.

4 (2) In the decades that have passed since Fetal
5Alcohol Syndrome was first recognized in the United
6States, this fully preventable condition has continued
7to affect American children and families.

8 (3) Prenatal alcohol exposure can cause brain
9damage that produces cognitive and behavioral im-
10pairments. Prenatal alcohol exposure can cause men-
11tal retardation or low IQ and difficulties with learn-
12ing, memory, attention, and problem-solving. It can
13also create problems with mental health and social
14interactions.

15 (4) Prenatal alcohol exposure also can cause
16growth retardation, birth defects involving the heart,
17kidney, vision and hearing, and a characteristic pat-
18tern of facial abnormalities.

19 (5) About 13 percent of women report using al-
20cohol during pregnancy even though there is no
21known safe level of alcohol consumption during preg-
22nancy.

23 (6) Estimates of individuals with Fetal Alcohol
24Syndrome vary but are estimated to be between 0.5
25and 2.0 per 1,000 births. The prevalence rate is con-

1 siderably higher for all Fetal Alcohol Spectrum Dis-
2 orders: about 10 out of 1,000 births (1 percent of
3 births).

4 (7) Prevalence of Fetal Alcohol Spectrum Dis-
5 orders can be even higher in certain populations,
6 such as Native Americans, and in certain areas,
7 such as those characterized by low socioeconomic
8 status.

9 (8) Fetal Alcohol Spectrum Disorders pose ex-
10 traordinary financial costs to the Nation, including
11 the cost of specialized health care, education, foster
12 care, incarceration, job training, and general support
13 services for individuals affected by Fetal Alcohol
14 Spectrum Disorders.

15 (9) Lifetime health costs for an individual with
16 Fetal Alcohol Syndrome average \$860,000, and can
17 run as high as \$4,200,000. The direct and indirect
18 economic costs of Fetal Alcohol Syndrome in the
19 United States were \$5,400,000,000 in 2003. Total
20 economic costs would be even higher for all Fetal Al-
21 cohol Spectrum Disorders.

22 (10) There is a great need for research, surveil-
23 lance, prevention, treatment, and support services
24 for individuals with Fetal Alcohol Spectrum Dis-
25 orders and their families.

1 **SEC. 3. PROGRAMS FOR FETAL ALCOHOL SPECTRUM DIS-**
2 **ORDERS.**

3 Section 399H of the Public Health Service Act (48
4 U.S.C. 280f) is amended—

5 (1) by striking the section heading and insert-
6 ing the following:

7 **“SEC. 399H. PROGRAMS FOR FETAL ALCOHOL SPECTRUM**
8 **DISORDERS.”;**

9 (2) by redesignating subsections (a) through (d)
10 as subsections (h) through (k), respectively;

11 (3) by inserting after the section heading, the
12 following:

13 **“(a) RESEARCH ON FAS AND RELATED DIS-**
14 **ORDERS.—**

15 **“(1) IN GENERAL.—**The Secretary, acting
16 through the Director of the National Institutes of
17 Health and in coordination with the Interagency Co-
18 ordinating Committee on Fetal Alcohol Syndrome,
19 shall—

20 **“(A)** establish a research agenda for Fetal
21 Alcohol Spectrum Disorders; and

22 **“(B)** award grants, contracts, or coopera-
23 tive agreements to public or private nonprofit
24 entities to pay all or part of carrying out re-
25 search under such agenda.

1 “(2) TYPES OF RESEARCH.—In carrying out
2 paragraph (1), the Secretary, acting through the Di-
3 rector of the National Institute of Alcohol Abuse and
4 Alcoholism, shall conduct national and international
5 research in coordination with other Federal agencies
6 that includes—

7 “(A) the identification of the mechanisms
8 that produce the cognitive and behavioral prob-
9 lems associated with fetal alcohol exposure;

10 “(B) the development of a neurocognitive
11 phenotype for Fetal Alcohol Syndrome and Al-
12cohol-Related Neurodevelopmental Disorder;

13 “(C) the identification of biological mark-
14 ers that can be used to indicate fetal alcohol ex-
15 posure;

16 “(D) the identification of fetal and mater-
17 nal risk factors that increase susceptibility to
18 Fetal Alcohol Spectrum Disorders;

19 “(E) the investigation of behavioral and
20 pharmacotherapies for alcohol-dependent
21 women to determine new approaches for sus-
22 taining recovery;

23 “(F) the development of scientific-based
24 therapeutic interventions for individuals with
25 Fetal Alcohol Spectrum Disorders;

1 “(G) the development of screening instru-
2 ments to identify women who consume alcohol
3 during pregnancy and the development of
4 standards for measuring, reporting, and ana-
5 lyzing alcohol consumption patterns in pregnant
6 women; and

7 “(H) other research that the Director de-
8 termines to be appropriate.

9 “(3) STUDY.—The Secretary, acting through
10 the Director of the National Institute of Mental
11 Health, shall—

12 “(A) conduct a study on the behavioral
13 disorders that may be associated with prenatal
14 alcohol exposure;

15 “(B) not later than 1 year after the date
16 of enactment of the Advancing FASD Research,
17 Prevention, and Services Act, submit to Con-
18 gress a report on the appropriateness of charac-
19 terizing Fetal Alcohol Spectrum Disorders and
20 their secondary behavioral disorders as mental
21 health disorders; and

22 “(C) conduct additional research on the
23 epidemiology of behavior disorders associated
24 with Fetal Alcohol Spectrum Disorders in col-

1 laboration with the Centers for Disease Control
2 and Prevention.

3 “(4) AUTHORIZATION OF APPROPRIATIONS.—

4 There are authorized to be appropriated to carry out
5 this subsection, such sums as may be necessary for
6 each of fiscal years 2005 through 2009.

7 “(b) SURVEILLANCE, IDENTIFICATION, AND PRE-
8 VENTION ACTIVITIES.—

9 “(1) IN GENERAL.—The Secretary, acting
10 through the Director of the National Center on
11 Birth Defects and Developmental Disabilities, shall
12 facilitate surveillance, identification, and prevention
13 of Fetal Alcohol Spectrum Disorders as provided for
14 in this subsection.

15 “(2) SURVEILLANCE, IDENTIFICATION, AND
16 PREVENTION.—In carrying out this subsection, the
17 Secretary shall—

18 “(A) develop and implement a uniform
19 surveillance case definition for Fetal Alcohol
20 Syndrome and a uniform surveillance case defi-
21 nition for Alcohol Related Neurodevelopmental
22 Disorder;

23 “(B) develop a comprehensive screening
24 process for Fetal Alcohol Spectrum Disorders
25 that covers different age, race, and ethnic

1 groups and is based on the uniform surveillance
2 case definitions developed under subparagraph
3 (A);

4 “(C) disseminate and provide the necessary
5 training and support for the screening process
6 developed under subparagraph (B) to—

7 “(i) hospitals, community health cen-
8 ters, outpatient programs, and other ap-
9 propriate health care providers;

10 “(ii) incarceration and detainment fa-
11 cilities;

12 “(iii) primary and secondary schools;

13 “(iv) social work and child welfare of-
14 fices;

15 “(v) foster care providers and adop-
16 tion agencies;

17 “(vi) State offices and others pro-
18 viding services to individuals with disabil-
19 ities; and

20 “(vii) other entities that the Secretary
21 determines to be appropriate;

22 “(D) conduct activities related to risk fac-
23 tor surveillance including the annual monitoring
24 and reporting of alcohol consumption among

1 pregnant women and women of child bearing
2 age; and

3 “(E) conduct applied public health preven-
4 tion research and implement strategies for re-
5 ducing alcohol-exposed pregnancies in women at
6 high risk for alcohol-exposed pregnancies.

7 “(3) AUTHORIZATION OF APPROPRIATION.—
8 There are authorized to be appropriated to carry out
9 this subsection, such sums as may be necessary for
10 each of fiscal years 2005 through 2009.

11 “(c) BUILDING STATE FASD SYSTEMS.—

12 “(1) IN GENERAL.—The Secretary, acting
13 through the Administrator of the Substance Abuse
14 and Mental Health Services Administration, shall
15 award grants, contracts, or cooperative agreements
16 to States for the purpose of establishing or expand-
17 ing statewide programs of surveillance, prevention,
18 and treatment of individuals with Fetal Alcohol
19 Spectrum Disorders.

20 “(2) ELIGIBILITY.—To be eligible to receive a
21 grant, contract, or cooperative agreement under
22 paragraph (1) a State shall—

23 “(A) prepare and submit to the Secretary
24 an application at such time, in such manner,

1 and containing such information as the Sec-
2 retary may reasonably require;

3 “(B) develop and implement a statewide
4 strategic plan for preventing and treating Fetal
5 Alcohol Spectrum Disorders;

6 “(C) consult with public and private non-
7 profit entities with relevant expertise on Fetal
8 Alcohol Spectrum Disorders within the State,
9 including—

10 “(i) parent-led groups and other orga-
11 nizations that support and advocate for in-
12 dividuals with Fetal Alcohol Spectrum Dis-
13 orders; and

14 “(ii) Indian tribes and tribal organiza-
15 tions; and

16 “(D) designate an individual to serve as
17 the coordinator of the State’s Fetal Alcohol
18 Spectrum Disorders program.

19 “(3) STRATEGIC PLAN.—The statewide stra-
20 tegic plan prepared under paragraph (2)(B) shall in-
21 clude—

22 “(A) the identification of existing State
23 programs and systems that could be used to
24 identify and treat individuals with Fetal Alcohol

1 Spectrum Disorders and prevent alcohol con-
2 sumption during pregnancy, such as—

3 “(i) programs for the developmentally
4 disabled, the mentally ill, and individuals
5 with alcohol dependency;

6 “(ii) primary and secondary edu-
7 cational systems;

8 “(iii) judicial systems for juveniles
9 and adults;

10 “(iv) child welfare programs and so-
11 cial service programs; and

12 “(v) other programs or systems the
13 State determines to be appropriate;

14 “(B) the identification of any barriers for
15 individuals with Fetal Alcohol Spectrum Dis-
16 orders or women at risk for alcohol consump-
17 tion during pregnancy to access the programs
18 identified under subparagraph (A); and

19 “(C) proposals to eliminate barriers to pre-
20 vention and treatment programs and coordinate
21 the activities of such programs.

22 “(4) USE OF FUNDS.—Amounts received under
23 a grant, contract, or cooperative agreement under
24 paragraph (1) shall be used for one or more of the
25 following activities:

1 “(A) Establishing a statewide surveillance
2 system.

3 “(B) Collecting, analyzing and interpreting
4 data.

5 “(C) Establishing a diagnostic center.

6 “(D) Developing, implementing, and evalu-
7 ating population-based and targeted prevention
8 programs for Fetal Alcohol Spectrum Dis-
9 orders, including public awareness campaigns.

10 “(E) Referring individuals with Fetal Alco-
11 hol Spectrum Disorders to appropriate support
12 services.

13 “(F) Developing and sharing best practices
14 for the prevention, identification, and treatment
15 of Fetal Alcohol Spectrum Disorders.

16 “(G) Providing training to health care pro-
17 viders on the prevention, identification, and
18 treatment of Fetal Alcohol Spectrum Disorders.

19 “(H) Disseminating information about
20 Fetal Alcohol Spectrum Disorders and the
21 availability of support services to families of in-
22 dividuals with Fetal Alcohol Spectrum Dis-
23 orders.

24 “(I) Other activities determined appro-
25 priate by the Secretary.

1 “(5) MULTI-STATE PROGRAMS.—The Secretary
2 shall permit the formation of multi-State Fetal Alco-
3 hol Spectrum Disorders programs under this sub-
4 section.

5 “(6) OTHER CONTRACTS AND AGREEMENTS.—
6 A State may carry out activities under paragraph
7 (4) through contacts or cooperative agreements with
8 public and private non-profit entities with a dem-
9 onstrated expertise in Fetal Alcohol Spectrum Dis-
10 orders.

11 “(7) AUTHORIZATION OF APPROPRIATIONS.—
12 There are authorized to be appropriated to carry out
13 this subsection, such sums as may be necessary for
14 fiscal years 2005 through 2009.

15 “(d) PROMOTING COMMUNITY PARTNERSHIPS.—

16 “(1) IN GENERAL.—The Secretary shall award
17 grants, contracts, or cooperative agreements to eligi-
18 ble entities to enable such entities to establish, en-
19 hance, or improve community partnerships for the
20 purpose of collaborating on common objectives and
21 integrating the services available to individuals with
22 Fetal Alcohol Spectrum Disorders, such as surveil-
23 lance, prevention, treatment, and provision of sup-
24 port services.

1 “(2) ELIGIBLE ENTITIES.—To be eligible to re-
2 ceive a grant, contract, or cooperative agreement
3 under paragraph (1), an entity shall—

4 “(A) be a public or private nonprofit enti-
5 ty, including—

6 “(i) a health care provider or health
7 professional;

8 “(ii) a primary or secondary school;

9 “(iii) a social work or child welfare of-
10 fice;

11 “(iv) an incarceration or detainment
12 facility;

13 “(v) a parent-led group or other orga-
14 nization that supports and advocates for
15 individuals with Fetal Alcohol Spectrum
16 Disorders;

17 “(vi) an Indian tribe or tribal organi-
18 zation;

19 “(vii) any other entity the Secretary
20 determines to be appropriate; or

21 “(viii) a consortium of any of the enti-
22 ties described in clauses (i) through (vii);
23 and

24 “(B) prepare and submit to the Secretary
25 an application at such time, in such manner,

1 and containing such information as the Sec-
2 retary may reasonably require, including assur-
3 ances that the entity submitting the application
4 does, at the time of application, or will, within
5 a reasonable amount of time from the date of
6 application, include substantive participation of
7 a broad range of entities that work with or pro-
8 vide services for individuals with Fetal Alcohol
9 Spectrum Disorders.

10 “(3) ACTIVITIES.—An eligible entity shall use
11 amounts received under a grant, contract, or cooper-
12 ative agreement under this subsection shall carry out
13 1 or more of the following activities:

14 “(A) Identifying and integrating existing
15 programs and services available in the commu-
16 nity for individuals with Fetal Alcohol Spec-
17 trum Disorders.

18 “(B) Conducting a needs assessment to
19 identify services that are not available in a com-
20 munity.

21 “(C) Developing and implementing com-
22 munity-based initiatives to prevent, diagnose,
23 treat, and provide support services to individ-
24 uals with Fetal Alcohol Spectrum Disorders.

1 “(D) Disseminating information about
2 Fetal Alcohol Spectrum Disorders and the
3 availability of support services.

4 “(E) Developing and implementing a com-
5 munity-wide public awareness and outreach
6 campaign focusing on the dangers of drinking
7 alcohol while pregnant.

8 “(F) Providing mentoring or other support
9 to families of individuals with Fetal Alcohol
10 Spectrum Disorders.

11 “(G) Other activities determined appro-
12 priate by the Secretary.

13 “(4) AUTHORIZATION OF APPROPRIATION.—
14 There are authorized to be appropriated to carry out
15 this subsection, such sums as may be necessary for
16 each of fiscal years 2005 through 2009.

17 “(e) DEVELOPMENT OF BEST PRACTICES.—

18 “(1) IN GENERAL.—The Secretary, in coordina-
19 tion with the National Task Force on Fetal Alcohol
20 Spectrum Disorders, shall award grants to States,
21 Indian tribes and tribal organizations, and non-
22 governmental organizations for the establishment of
23 pilot projects to identify and implement best prac-
24 tices for—

1 “(A) educating children with fetal alcohol
2 spectrum disorders, including—

3 “(i) activities and programs designed
4 specifically for the identification, treat-
5 ment, and education of such children; and

6 “(ii) curricula development and
7 credentialing of teachers, administrators,
8 and social workers who implement such
9 programs;

10 “(B) educating judges, attorneys, child ad-
11 vocates, law enforcement officers, prison war-
12 dens, alternative incarceration administrators,
13 and incarceration officials on how to treat and
14 support individuals suffering from Fetal Alcohol
15 Spectrum Disorders within the criminal justice
16 system, including—

17 “(i) programs designed specifically for
18 the identification, treatment, and education
19 of those with Fetal Alcohol Spectrum Dis-
20 orders; and

21 “(ii) curricula development and
22 credentialing within the justice system for
23 individuals who implement such programs;
24 and

1 “(C) educating adoption or foster care
2 agency officials about available and necessary
3 services for children with fetal alcohol spectrum
4 disorders, including—

5 “(i) programs designed specifically for
6 the identification, treatment, and education
7 of those with Fetal Alcohol Spectrum Dis-
8 orders; and

9 “(ii) education and training for poten-
10 tial parents of an adopted child with Fetal
11 Alcohol Spectrum Disorders.

12 “(2) APPLICATION.—To be eligible for a grant
13 under paragraph (1), an entity shall prepare and
14 submit to the Secretary an application at such time,
15 in such manner, and containing such information as
16 the Secretary may reasonably require.

17 “(3) AUTHORIZATION OF APPROPRIATIONS.—
18 There are authorized to be appropriated to carry out
19 this subsection, such sums as may be necessary for
20 each of fiscal years 2005 through 2009.

21 “(f) TRANSITIONAL SERVICES.—

22 “(1) IN GENERAL.—The Secretary shall award
23 demonstration grants, contracts, and cooperative
24 agreements to States, Indian tribes and tribal orga-
25 nizations, and nongovernmental organizations for

1 the purpose of establishing integrated systems for
2 providing transitional services for those affected by
3 prenatal alcohol exposure and evaluating their effective-
4 tiveness.

5 “(2) APPLICATION.—To be eligible for a grant,
6 contract, or cooperative agreement under paragraph
7 (1), an entity shall prepare and submit to the Sec-
8 retary an application at such time, in such manner,
9 and containing such information as the Secretary
10 may reasonably require.

11 “(3) ALLOWABLE USES.—An entity shall use
12 amounts received under a grant, contract, or cooper-
13 ative agreement under paragraph (1) to—

14 “(A) provide housing assistance to adults
15 with Fetal Alcohol Spectrum Disorders;

16 “(B) provide vocational training and place-
17 ment services for adults with Fetal Alcohol
18 Spectrum Disorders;

19 “(C) provide medication monitoring serv-
20 ices for adults with Fetal Alcohol Spectrum
21 Disorders; and

22 “(D) provide training and support to orga-
23 nizations providing family services or mental
24 health programs and other organizations that

1 work with adults with Fetal Alcohol Spectrum
2 Disorders.

3 “(4) AUTHORIZATION OF APPROPRIATIONS.—

4 There are authorized to be appropriated to carry out
5 this subsection, such sums as may be necessary for
6 each of fiscal years 2005 through 2009.

7 “(g) COMMUNITY HEALTH CENTER INITIATIVE.—

8 “(1) IN GENERAL.—The Secretary, acting
9 through the Administrator of the Health Resources
10 and Services Administration, shall award grants to
11 community health centers acting in collaboration
12 with States, Indian tribes, tribal organizations, and
13 nongovernmental organizations, for the establish-
14 ment of a 5-year demonstration program under the
15 direction of the Interagency Coordinating Committee
16 on Fetal Alcohol Syndrome to implement and evalu-
17 ate a program to increase awareness and identifica-
18 tion of Fetal Alcohol Spectrum Disorders in commu-
19 nity health centers and to refer affected individuals
20 to appropriate support services.

21 “(2) APPLICATION.—To be eligible to receive a
22 grant under paragraph (1), a community health cen-
23 ter shall prepare and submit to the Administrator an
24 application at such time, in such manner, and con-

1 taining such information as the Administrator may
2 reasonably require.

3 “(3) ACTIVITIES.—A community health center
4 shall use amounts received under a grant under
5 paragraph (1) to—

6 “(A) provide training for health care pro-
7 viders on identifying and educating women who
8 are at risk for alcohol consumption during preg-
9 nancy;

10 “(B) provide training for health care pro-
11 viders on screening children for Fetal Alcohol
12 Spectrum Disorders;

13 “(C) educate health care providers and
14 other relevant community health center workers
15 on the support services available for those with
16 Fetal Alcohol Spectrum Disorders and treat-
17 ment services available for women at risk for al-
18 cohol consumption during pregnancy; and

19 “(D) implement a tracking system that
20 can identify the rates of Fetal Alcohol Spec-
21 trum Disorders by racial, ethnic, and economic
22 backgrounds.

23 “(4) SELECTION OF PARTICIPANTS.—The Ad-
24 ministrator shall determine the number of commu-
25 nity health centers that will participate in the dem-

1 onstration program under this subsection and shall
2 select participants, to the extent practicable, that are
3 located in different regions of the United States and
4 that serve a racially and ethnically diverse popu-
5 lation.

6 “(5) AUTHORIZATION OF APPROPRIATIONS.—
7 There are authorized to be appropriated to carry out
8 this subsection, such sums as may be necessary for
9 each of fiscal years 2005 through 2009.

10 “(6) REPORT TO CONGRESS.—Not later than 1
11 year after completion of the demonstration program
12 under this subsection, the Administrator shall pre-
13 pare and submit to Congress a report on the results
14 of the demonstration program, including—

15 “(A) changes in the number of women
16 screened for and identified as at risk for alcohol
17 consumption during pregnancy;

18 “(B) changes in the number of individuals
19 identified as having a Fetal Alcohol Spectrum
20 Disorder; and

21 “(C) changes in the number of alcohol-con-
22 suming pregnant women and individuals with
23 Fetal Alcohol Spectrum Disorders who were re-
24 ferred to appropriate services.”;

25 (4) in subsection (h)(1) (as so redesignated)—

1 (A) in subparagraph (C), by striking
2 “and” after the semicolon;

3 (B) in subparagraph (D), by adding “and”
4 after the semicolon; and

5 (C) by adding at the end the following:

6 “(E) national public service announce-
7 ments to raise public awareness of the risks as-
8 sociated with alcohol consumption during preg-
9 nancy with the purpose of reducing the preva-
10 lence of Fetal Alcohol Spectrum Disorders, that
11 shall—

12 “(i) be conducted by relevant Federal
13 agencies under the coordination of the
14 Interagency Coordinating Committee on
15 Fetal Alcohol Syndrome;

16 “(ii) be developed by the appropriate
17 Federal agencies, as determined by the
18 Interagency Coordinating Committee on
19 Fetal Alcohol Syndrome taking into consid-
20 eration the expertise and experience of
21 other relevant Federal agencies, and shall
22 test and evaluate the public service an-
23 nouncement’s effectiveness prior to broad-
24 casting the announcements nationally;

1 “(iii) be broadcast through appro-
2 priate media outlets, including television or
3 radio, in a manner intended to reach
4 women at risk of alcohol consumption dur-
5 ing pregnancy; and

6 “(iv) be measured prior to broadcast
7 of the national public service announce-
8 ments to provide baseline data that will be
9 used to evaluate the effectiveness of the
10 announcements.”; and

11 (5) in subsection (k) (as so redesignated)—

12 (A) in paragraph (1), by striking “Na-
13 tional Task Force on Fetal Alcohol Syndrome
14 and Fetal Alcohol Effect” and inserting “Na-
15 tional Task Force on Fetal Alcohol Spectrum
16 Disorders”;

17 (B) in paragraph (3)—

18 (i) in subparagraph (B), by striking
19 “and” after the semicolon;

20 (ii) in subparagraph (C), by adding
21 “and” after the semicolon; and

22 (iii) by adding at the end the fol-
23 lowing:

24 “(D) develop, in collaboration with the
25 Interagency Coordinating Committee on Fetal

1 Alcohol Syndrome, a report that identifies and
2 describes the 10 most important actions that
3 must be taken to reduce prenatal alcohol expo-
4 sure and all its adverse outcomes, and that
5 shall—

6 “(i) describe the state of the current
7 epidemiology of Fetal Alcohol Spectrum
8 Disorders, risk factors, and successful ap-
9 proaches in policy and services that have
10 reduced alcohol-exposed pregnancies and
11 outcomes;

12 “(ii) identify innovative approaches
13 that have worked in related areas such as
14 tobacco control or HIV prevention that
15 may provide models for Fetal Alcohol
16 Spectrum Disorders prevention;

17 “(iii) recommend short-term and long-
18 term action plans for achieving the
19 Healthy 2010 Objectives for the United
20 States, such as increasing abstinence from
21 alcohol among pregnant women and reduc-
22 ing the occurrence of Fetal Alcohol Syn-
23 drome; and

24 “(iv) recommend in coordination with
25 the National Institute on Mental Health

1 whether Fetal Alcohol Syndrome and other
2 prenatal alcohol disorders, or a subset of
3 these disorders, should be included in the
4 Diagnostic and Statistical Manual of Men-
5 tal Disorders.”; and

6 (C) by striking “Fetal Alcohol Syndrome
7 and Fetal Alcohol Effect” each place that such
8 appears and inserting “Fetal Alcohol Spectrum
9 Disorders”.

10 **SEC. 4. COORDINATION AMONG FEDERAL ENTITIES.**

11 Part O of title III of the Public Health Service Act
12 (42 U.S.C. 280f et seq.) is amended by adding at the end
13 the following:

14 **“SEC. 399K-1. COORDINATION AMONG FEDERAL ENTITIES.**

15 “(a) INTERAGENCY COORDINATING COMMITTEE ON
16 FETAL ALCOHOL SYNDROME.—The Secretary, acting
17 through the Director of the National Institute on Alcohol
18 Abuse and Alcoholism, shall provide for the continuation
19 of the Interagency Coordinating Committee on Fetal Alco-
20 hol Syndrome so that such Committee may—

21 “(1) coordinate activities conducted by the Fed-
22 eral Government on Fetal Alcohol Spectrum Dis-
23 orders, including convening meetings, establishing
24 work groups, sharing information, and facilitating

1 and promoting collaborative projects among Federal
2 agencies; and

3 “(2) develop, in consultation with the National
4 Task Force on Fetal Alcohol Spectrum Disorders,
5 priority areas for years 2006 through 2010 to guide
6 Federal programs and activities related to Fetal Al-
7cohol Spectrum Disorders.

8 “(b) COORDINATION AMONG FEDERAL ENTITIES.—

9 “(1) IN GENERAL.—The Comptroller General of
10 the United States shall evaluate and make rec-
11ommendations regarding the appropriate roles and
12responsibilities of Federal entities with respect to
13programs and activities related to Fetal Alcohol
14Spectrum Disorders.

15 “(2) COVERED ENTITIES.—The Federal entities
16under paragraph (1) shall include entities within the
17National Institutes of Health, the Centers for Dis-
18ease Control and Prevention, the Substance Abuse
19and Mental Health Services Administration, the
20Health Resources and Services Administration, the
21Indian Health Service, the Agency for Healthcare
22Research and Quality, the Interagency Coordinating
23Committee on Fetal Alcohol Syndrome, the National
24Task Force on Fetal Alcohol Spectrum Disorders, as
25well as the Office of Special Education and Rehabili-

1 tative Services in the Department of Education and
2 the Office of Juvenile Justice and Delinquency Pre-
3 vention in the Department of Justice.

4 “(3) EVALUATION.—The evaluation conducted
5 by the Comptroller General under paragraph (1)
6 shall include—

7 “(A) an assessment of the current roles
8 and responsibilities of Federal entities with pro-
9 grams and activities related to Fetal Alcohol
10 Spectrum Disorders; and

11 “(B) an assessment of whether there is du-
12 plication in programs and activities, conflicting
13 roles and responsibilities, or lack of coordina-
14 tion among Federal entities.

15 “(4) RECOMMENDATION.—The Comptroller
16 General shall provide recommendations on the ap-
17 propriate roles and responsibilities of the Federal
18 entities described in paragraph (2) in order to maxi-
19 mize the effectiveness of Federal programs and ac-
20 tivities related to Fetal Alcohol Spectrum Disorders.

21 “(5) COMPLETION.—Not later than 1 year after
22 the date of enactment of the Advancing FASD Re-
23 search, Prevention, and Services Act, the Comp-
24 troller General shall complete the evaluation and

1 submit to Congress a report on the findings and rec-
2 ommendations made as a result of the evaluation.”.

3 **SEC. 5. SERVICES FOR INDIVIDUALS WITH FETAL ALCOHOL**
4 **SYNDROME.**

5 Section 519C(b) of the Public Health Service Act (42
6 U.S.C. 290bb–25c(b)) is amended—

7 (1) in paragraph (11), by striking “and” after
8 the semicolon;

9 (2) by redesignating paragraph (12) as para-
10 graph (15); and

11 (3) by inserting after paragraph (11), the fol-
12 lowing:

13 “(12) provide respite care for caretakers of in-
14 dividuals with Fetal Alcohol Syndrome and other
15 prenatal alcohol-related disorders;

16 “(13) recruit and train mentors for adolescents
17 with Fetal Alcohol Syndrome and other prenatal al-
18 cohol-related disorders;

19 “(14) provide educational and supportive serv-
20 ices to families of individuals with Fetal Alcohol
21 Spectrum Disorders; and”.

22 **SEC. 6. PREVENTION, INTERVENTION, AND SERVICES IN**
23 **THE EDUCATION SYSTEM.**

24 The Secretary of Education shall direct the Office of
25 Special Education and Rehabilitative Services to—

1 (1) implement screening procedures and con-
2 duct training on a nationwide Fetal Alcohol Spec-
3 trum Disorders surveillance campaign for the edu-
4 cational system in collaboration with the efforts of
5 the National Center on Birth Defects and Develop-
6 mental Disabilities under section 399H(b) of the
7 Public Health Service Act (as added by this Act);

8 (2) introduce curricula previously developed by
9 the National Center on Birth Defects and Develop-
10 mental Disabilities and the Substance Abuse and
11 Mental Health Services Administration on how to
12 most effectively educate and support children with
13 Fetal Alcohol Spectrum Disorders in both special
14 education and traditional education settings, and in-
15 vestigate incorporating information about the identi-
16 fication, prevention, and treatment of the Disorders
17 into teachers' credentialing requirements;

18 (3) integrate any special techniques on how to
19 deal with Fetal Alcohol Spectrum Disorders children
20 into parent-teacher or parent-administrator inter-
21 actions, including after-school programs, special
22 school services, and family aid programs;

23 (4) collaborate with other Federal agencies to
24 introduce a standardized educational unit within
25 schools' existing sexual and health education cur-

1 ricula, or create one if needed, on the deleterious ef-
2 fects of prenatal alcohol exposure; and

3 (5) organize a peer advisory network of adoles-
4 cents in schools to discourage the use of alcohol
5 while pregnant or considering getting pregnant.

6 **SEC. 7. PREVENTION, INTERVENTION, AND SERVICES IN**
7 **THE JUSTICE SYSTEM.**

8 The Attorney General shall direct the Office of Juve-
9 nile Justice and Delinquency Prevention to—

10 (1) implement screening procedures and con-
11 duct training on a nationwide Fetal Alcohol Spec-
12 trum Disorders surveillance campaign for the justice
13 system in collaboration with the efforts of the Na-
14 tional Center on Birth Defects and Developmental
15 Disabilities under section 399H(b) of the Public
16 Health Service Act (as added by this Act);

17 (2) introduce training curricula, in collaboration
18 with the National Center on Birth Defects and De-
19 velopmental Disabilities and the Substance Abuse
20 and Mental Health Services Administration, on how
21 to most effectively identify and interact with individ-
22 uals with Fetal Alcohol Spectrum Disorders in both
23 the juvenile and adult justice systems, and inves-
24 tigate incorporating information about the identifica-

1 tion, prevention, and treatment of the disorders into
2 justice professionals' credentialing requirements;

3 (3) promote the tracking of individuals entering
4 the juvenile justice system with at-risk backgrounds
5 that indicates them as high probability for having a
6 Fetal Alcohol Spectrum Disorder, especially those
7 individuals whose mothers have a high record of
8 drinking during pregnancy as reported by the appro-
9 priate child protection agency;

10 (4) educate judges, attorneys, child advocates,
11 law enforcement officers, prison wardens, alternative
12 incarceration administrators, and incarceration offi-
13 cials on how to treat and support individuals suf-
14 fering from Fetal Alcohol Spectrum Disorders within
15 the criminal justice system, including—

16 (A) programs designed specifically for the
17 identification, treatment, and education of such
18 children; and

19 (B) curricula development and
20 credentialing of teachers, administrators, and
21 social workers who implement such programs;

22 (5) conduct a study on the inadequacies of how
23 the current system processes children with certain
24 developmental delays and subsequently develop alter-
25 native methods of incarceration and treatment that

1 are more effective for youth offenders identified to
2 have a Fetal Alcohol Spectrum Disorder; and

3 (6) develop transition programs for individuals
4 with Fetal Alcohol Spectrum Disorders who are re-
5 leased from incarceration.

6 **SEC. 8. MISCELLANEOUS PROVISIONS.**

7 (a) AUTHORIZATION OF APPROPRIATIONS.—Section
8 399J of the Public Health Service Act (42 U.S.C. 280f–
9 2) is amended by striking “the part” and all that follows
10 through the period and inserting “subsections (h) through
11 (k) of section 399H, \$27,000,000 for each of fiscal years
12 2005 through 2009”.

13 (b) REPEAL OF SUNSET.—Section 399K of the Pub-
14 lic Health Service Act (42 U.S.C. 280f–3) is repealed.

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